## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

request for patent fee refund	
1 Date of Request: 0/10/05 2 Se	erial/Patent # 10,519 626
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	\$ 100.00
Amendment	\$
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Assignment / J A M	\$
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	7 TOTAL AMOUNT OF REFUND \$
	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: FRANCINE JOURA	g TITLE: Jaralegul
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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